



CY13 Cosmetic Surgery Rates and CSE v9.0 Update

TMA UBO Program Office Support

11 June 2013 0800 - 0900 ET

13 June 2013 1400 - 1500 ET

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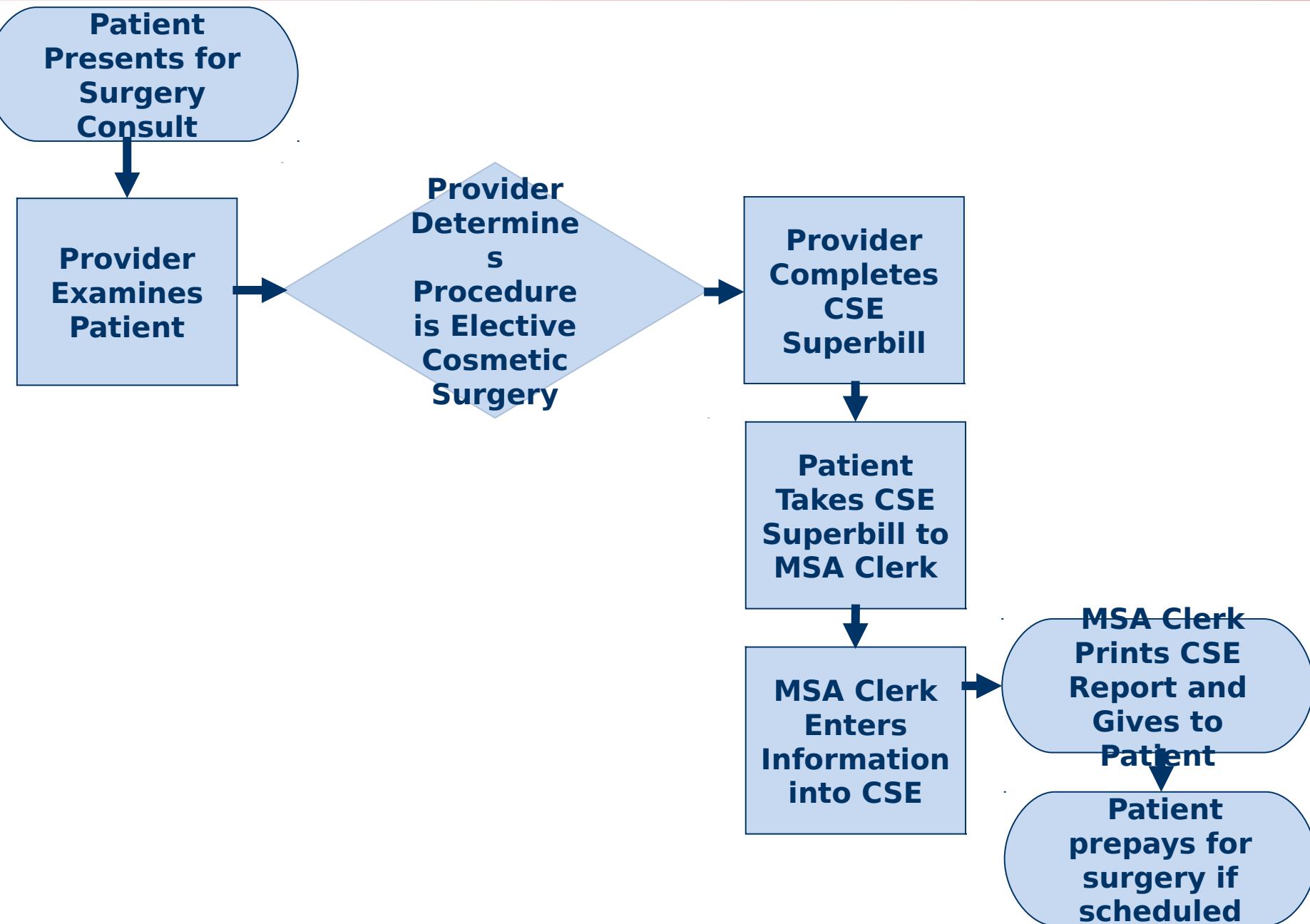
- Background
- CSE v9.0 New Procedures & Rate Methodology
- CSE v9.0 Layout & Functional Changes
- CSE Demonstration: Practice Scenarios
- CSE v9.0 User's Guide Reminder
- Cosmetic Surgery Patient Information Brochure Reminder
- CSE v9.0 Distribution & Effective Date
- Questions & Answers



- Elective cosmetic surgery is **not** a TRICARE covered benefit.
- **However**, DoD Health Affairs Policy 05-020 authorizes elective cosmetic surgery in military treatment facilities (MTFs) to “support graduate medical education, board eligibility and certification, and skill maintenance for certified specialists.”
- Services are provided on a “space available” basis and limited to:
 - TRICARE-eligible beneficiaries (including TRICARE for Life) who will not lose eligibility for at least 6 months.
 - Active duty personnel who have written permission from their unit commander.
- **All patients** are fully responsible for surgical fees, applicable institutional and anesthesia charges, as well as the cost of all implants, cosmetic injectables, and other separately billable items associated with elective cosmetic procedures. Patients may also be responsible for follow up care.



The Basic Process





Acknowledgment of Terms

Letter of Acknowledgement

1. _____ have selected to undergo
PATIENT'S NAME

NAME OF PROCEDURE(S)

at _____
NAME OF MILITARY TREATMENT FACILITY (MTF)

- 1) **Advance Payment Required:** Elective cosmetic procedures are not a TRICARE covered benefit. I acknowledge and accept responsibility for all charges associated with the above listed procedure(s), including applicable professional, facility, and anesthesia fees plus the cost of any implants, pharmaceuticals, and other separately billable items provided by the MTF. I agree to pay estimated charges, in full, for all elective cosmetic procedures prior to receiving treatment.
- 2) **Prices Subject to Change:** Rates for elective cosmetic procedures are updated periodically by the Assistant Secretary of Defense for Health Affairs. I understand that estimated charges are based on Department of Defense (DoD) rates applicable at the time of payment. Rates cannot be guaranteed until estimated charges have been paid in full.
- 3) **Additional Charges May Apply:** I acknowledge that the initial amount paid may not constitute payment in full since there may be additional charges for services such as laboratory, radiology, and pharmacy, as well as unforeseen but necessary procedures undertaken during the procedure. I understand these charges are not factored into the initial estimate, but will be added upon computation of the final bill. I agree to remit payment for any additional charges within thirty (30) calendar days after presentation of the final bill or, pursuant to the Debt Collection Act of 1982 and Debt Collection Improvement Act of 1996, I will incur additional interest and/or administrative charges.
- 4) **Global Periods for Elective Cosmetic Procedures:** Charges for some procedures include a global period during which routine postoperative follow-up visits and treatment (e.g. removal of stitches or sutures, servicing infected wounds, and dressing changes) are covered at no additional charge. Postoperative visits that are unrelated to the original procedure or that occur after the global period has expired will incur additional charges. Global periods are listed on the cost estimate report where applicable.
- 5) **Refunds:** I understand that if I decide, prior to my scheduled procedure date, not to have an elective cosmetic procedure, I am entitled to a refund of all monies paid for the cancelled procedure. If I change my mind after the procedure has started, applicable professional and ancillary fees will be deducted from the initial payment amount before a refund is issued. Refunds may take up to 8 weeks for processing.
- 6) **Follow-up Care:** I have been informed that follow-up care after an elective cosmetic procedure is not guaranteed in an MTF because the care required may exceed the ability of the facility and/or there may not be appointments available when I need to be seen. Additionally, I understand that follow-up care for elective cosmetic procedures is not a TRICARE covered benefit and I may be financially responsible for follow-up care whether I am treated at a military treatment facility or an outside medical facility. "Benefits are available for the otherwise covered treatment of complications resulting from a non-covered surgery or treatment only when the complication represents a medical condition separate from the condition that the non-covered treatment or surgery was directed toward, and treatment of the complication is not essentially similar to the non-covered procedure. A complication may be considered a separate medical condition when it causes a systemic effect, occurs in a different body system from the non-covered treatment, or is an unexpected complication which is untoward based upon prior clinical experience with the procedure." (Tricare Policy Manual, Chapter 4, Section 1.1, Complications (Unfortunate Sequelae) Resulting from Non-covered Surgery or Treatment)

I fully understand these conditions and agree to proceed.

PATIENT'S SIGNATURE

WITNESS SIGNATURE

1) Advance Payment Required

Estimated charges must be paid, in full, prior to receiving treatment.

2) Prices Subject to Change

Rates are not guaranteed until estimated charges have been paid in full.

3) Additional Charges May Apply

There may be additional charges for services such as laboratory, radiology, and pharmacy, or unforeseen, but necessary, procedures undertaken during the procedure.

4) Global Periods

Postoperative visits that are unrelated to the original procedure, or that occur after the global period has expired, will incur additional charges.

5) Refunds

Refunds are processed for procedures not performed.

6) Follow-up Care

Follow-up care is not guaranteed in an MTF and in accordance with TPM Chapter 4, Section 1.1, complications of cosmetic surgery procedures are excluded from coverage.



Cosmetic Procedures for 2013

- New CPT ® code/procedure for 2013:
 - 15823 – Blepharoplasty, upper eyelid; with excessive skin weighting down lid
- No changes made to existing procedures for:
 - Bilateral designation
 - Quantitative/Session designation
 - Add-on Codes
 - Global Periods
 - CPT®/Procedure Descriptions and Glossary entries
 - Inpatient Only procedures
- No changes in rate methodology



New Elective Cosmetic Pharmaceutical Guidance

- Pharmaceutical prices pre-populated for: Botox®, Dysport®, and Xeomin®
 - Botox® CY13 TRICARE Allowable Price: \$5.36/unit
 - Dysport® CY13 TRICARE Allowable Price: \$.99/unit
 - Xeomin® CY13 TRICARE Allowable Price: \$3.03/unit
- Ability to override the pre-populated charges if the local MTF pharmacy provides a price for the pharmaceutical
 - Necessity for fillers/injectables



INSTRUCTIONS:(1) Fill in top of form.(2) Circle or highlight Procedure Description. (3) Check Bilateral column (optional). (4) Enter the quantity of each procedure (optional).

Cosmetic Surgery Superbill 2013

Page 1 of 2

MTF:

Provider's Name and Phone:

ICD-9 Code 1: ICD-9 Code 2:

Location: Provider's Office Operating Room Inpatient
 Operating Room Outpatient

Patient Name:

Visit Date: / /

Surgery Date: / /

 Local Block Monitored/General Anesthesia Care Topical Moderate Sedation NoneWill this procedure be combined with a medically necessary procedure? Yes No

Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty
SKIN TAG REMOVAL											
Removal of skin tags, up to 15 lesions	11200			Rhytidectomy; forehead	15824			Intralesional Injection			
Removal of skin tags, ea addl 1-10 lesions	11201 +			Rhytidectomy; neck w/P-Flap tightening	15825			Intralesional Injection; 7 or less	11900		
LESION REMOVAL											
Shaving of Epidermal or Dermal Lesions (single lesion)				Rhytidectomy; glabellar frown lines	15826			Intralesional Injection; 8 or more	11901		
Trunk, arms or legs				Rhytidectomy; cheek, chin, & neck	15828			Subcutaneous Injection of Filling Material			
≤ 0.5 cm lesion diameter	11300			Rhytidectomy; SMAS flap	15829			1.0 cc or less	11950		
BREAST / CHEST AUGMENTATION											
0.6 to 1.0 cm lesion diameter	11301			Mastectomy for Gynecomastia	19300			1.1 - 5.0 cc	11951		
1.1 to 2.0 cm lesion diameter	11302			Mastopexy (Breast Lift)	19316			5.1 - 10.0 cc	11952		
> 2.0 cm lesion diameter	11303			Mammoplasty; reduction	19318			More than 10.0 cc	11954		
Scalp, neck, hands, feet, genitalia				Mammoplasty; augmentation w/o implant	19324			Soft Tissue Fillers (Enter a pharmaceutical, price per unit and quantity)			
≤ 0.5 cm lesion diameter	11305			Mammoplasty; augmentation w/implant	19325			Name		Price	Qty
0.6 to 1.0 cm lesion diameter	11306			Removal of intact mammary implant	19328						
1.1 to 2.0 cm lesion diameter	11307			Removal of implant material	19330						
> 2.0 cm lesion diameter	11308			Immediate insertion of implant	19340						
Face, ears, eyelids, nose, lips, mucous membrane											
≤ 0.5 cm lesion diameter	11310	■		Delayed insertion of implant	19342			SKIN RESURFACING			
0.6 to 1.0 cm lesion diameter	11311			Nipple / areola reconstruction	19350			Dermabrasion			
1.1 to 2.0 cm lesion diameter	11312			Correction of inverted nipples	19355			Total face		15780	
> 2.0 cm lesion diameter	11313			Breast reconstr; immed / delayed	19357			Segment; facial		15781	
				Open periprosthetic capsulotomy; breast	19370			Regions; non-facial		15782	

INSTRUCTIONS: Circle/highlight **Procedure Description**; check **Bilateral (Bi)** column; and enter the **Quantity (Qty)** of each procedure.



Cost of Elective Cosmetic Procedures

Professional Fees

+

Facility Fees

+

Anesthesia Fees

+

Cost of Implants & Pharmaceuticals

(e.g., Breast Implants, Chin Implants, Botox®, Restylane®)

=TOTAL COST



CSE v9.0-Primary Procedure Screen

Section 1: Enter a Primary Procedure

TMA UBO Cosmetic Surgery Estimator v9.0	
CPT®/Procedure Glossary	
Code	Description
1* Primary CPT®/Procedure:	
2* Procedure Location: <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient	Professional Fee: \$0.00
3* Will this procedure be combined with a medically necessary procedure? <input type="radio"/> Yes <input type="radio"/> No	Facility Fee: \$0.00
4 Will this procedure be performed by a dermatology resident? N/A	Medically Necessary Discount: \$0.00
5 Will this procedure be bilateral? N/A	Resident Discount: \$0.00
6 Quantity/Number of Sessions: N/A	Bilateral Cost: \$0.00
7 Add-on Code: N/A	Additional Qty/Ses Cost: \$0.00
8* Anesthesia: <input type="radio"/> None <input type="radio"/> Topical <input type="radio"/> Local <input type="radio"/> Moderate Sedation <input type="radio"/> General/Monitored	Anesthesia Fee: \$0.00
9 What pharmaceuticals will be provided by the MTF: N/A	Pharmaceutical Cost: \$0.00
10*	Additional Procedure Cost: \$0.00
11*	Implant/Supply Cost: \$0.00
Total Cost: \$0.00	

Section 3:

- Edit Estimate Entries
- View, Print, Save a Cost Report

[View/Edit Additional Procedures](#) [View/Edit Implants and Supplies](#)

[Clear Estimate](#) [View/Print Cost Report](#) [Save Cost Report](#) [Exit Estimator](#)

Section 2:
Costs are automatically calculated



Glossary Search Function

- User can use a search function to help determine appropriate CPT® code
- Search by keyword or CPT® code
- Displays all available entries and allows user to select appropriate CPT® code from the list
- Works for primary, additional, and add-on code procedures

Cosmetic Surgery Estimator - [Cosmetic Surgery Estimator v9.0 - Effective July 2013 (1276x943)]

TMA UBO Cosmetic Surgery Estimator v9.0

* = Required Field

CPT Search

Search Term: chin Whole word only

Code	Description	Long Description	Cost: \$0.00
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands	The physician repairs complex wounds of the forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet. The physician performs complex layered suturing of torn, crushed, or debrided.	\$0.00
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands	The physician repairs complex wounds of the forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet. The physician performs complex layered suturing of torn, crushed, or debrided.	\$0.00
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands	The physician repairs complex wounds of the forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet. The physician performs complex layered suturing of torn, crushed, or debrided.	\$0.00
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	The physician performs a rhytidectomy of the neck. The physician makes an incision usually in front of the ear. Tension is increased in the facial muscles by freeing the superficial musculonaponeritic system	\$0.00
15828	Rhytidectomy; cheek, chin, and neck	The physician makes an incision in a crease or wrinkle of the cheek, chin, or neck to perform a rhytidectomy. Tension is increased by removing excess skin and fat. An additional incision in front of the ear	\$0.00
15829	Rhytidectomy; superficial musculolaponeurotic system (SMAS) flap	The physician makes an incision in a crease or wrinkle of the cheek, chin, or neck to perform a rhytidectomy. Tension is increased by removing excess skin and fat. An additional incision in front of the ear	\$0.00
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy);	The physician removes excessive skin and subcutaneous tissue (including lipectomy). In 15830, the physician makes an incision traversing the abdomen below the belly button in a horizontal fashion	\$0.00

Your search returned 37 CPT Codes

CPT® is a registered trademark of the American Medical Association. Procedure codes designated as 17999-XXXX are developed by the DoD TMA UBO and are not intended to serve as CPT® codes.



CSEv9.0-Additional Procedure Screen

Section 1: Additional Procedure Entry Form

Procedure Glossary

	<u>Code</u>	<u>Description</u>	
1* Additional CPT®/Procedure:			Professional Fee + Facility Fee: \$0.00
2 Will this procedure be performed by a dermatology resident?	N/A		Resident Discount: \$0.00
3 Will this procedure be bilateral?	N/A		Bilateral Cost: \$0.00
4 Quantity/Number of Sessions:	N/A		Quantity/Session Cost \$0.00
5* Anesthesia:	<input type="radio"/> None <input type="radio"/> Topical <input type="radio"/> Local <input type="radio"/> Moderate Sedation <input type="radio"/> General/Monitored		Anesthesia Fee: \$0.00
6 What pharmaceuticals will be provided by the MTF:	N/A		Pharmaceutical Cost: \$0.00

Add Procedure

Total Cost: \$0.00

PT ode	CPT Description	Qty	Pro Fee	Facility Fee	Bilat Fee	Anest. Fee	Pharm Fee	Total Cost

Section 2: List of Additional Procedures Added to the Estimate

Total Additional Procedures Cost: \$0.00

[Clear List](#)

[Return to Estimate](#)



Edit Functionality

- User can edit anesthesia, quantity, bilateral, resident, or pharmaceutical selections for a procedure in the estimate without deleting the procedure entirely
- Works for additional procedures, cosmetic pharmaceuticals, implants, and supplies

Additional Procedures										Press F1 for Help	
CPT®/Procedure Glossary											
		<u>Code</u>	<u>Description</u>								
1*	Additional CPT®/Procedure:									Professional Fee + Facility Fee:	\$0.00
2	Will this procedure be performed by a dermatology resident?	N/A								Resident Discount:	\$0.00
3	Will this procedure be bilateral?	N/A								Bilateral Cost:	\$0.00
4	Quantity/Number of Sessions:	N/A								Additional Qty/Ses Cost:	\$0.00
5	Anesthesia:	<input type="radio"/> None <input type="radio"/> Topical <input type="radio"/> Local <input type="radio"/> Moderate Sedation <input checked="" type="radio"/> General/Monitored								Anesthesia Fee:	\$0.00
6	What pharmaceuticals will be provided by the MTF?	N/A								Pharmaceutical Cost:	\$0.00
Add Procedure										Total Cost: \$0.00	
CPT Code	CPT Description	Qty	Pro Fee	Facility Fee	Bilat Fee	Anest. Fee	Pharm	Pharm Fee	Total Cost	Edit	Delete
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen, infraumbilical panniculectomy	1	\$589.53	\$813.79	\$0.00	\$268.04		\$0.00	\$1,671.35	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (abdominoplasty), includes umbilical transposition and fascial plication	1	\$2,500.00	\$813.79	\$0.00	\$0.00		\$0.00	\$3,313.79	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Total Additional Procedures Cost: \$4,985.14											
<input type="button" value="Clear List"/>						<input type="button" value="Return to Estimate"/>					



Elective Cosmetic Surgery Estimate

Name: Jane Doe

Date of Estimate: 6/21/2012 4:54:10 PM

Procedure Location: OR/Outpatient

Combined with a Medically Necessary Procedure: No

CPT®/Procedure Code	Description	Bilateral	Qty	Cost
15822	Blepharoplasty, upper eyelid	Yes	1	\$2,920.91
This procedure has a 90 day global period.				
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening, tip, septum, osteotomies	N/A	1	\$4,753.47
This procedure has a 90 day global period.				
64612	Chemodenervation of muscle(s), muscle(s) innervated by facial nerve -- with 25 units of Botox®(\$5.36/unit).	Yes	1	\$689.04
This procedure has a 10 day global period.				
Anesthesia Type: General/Monitored		Anesthesia Cost: \$301.44		
Implants/Supplies: None		Implant/Supply Cost: \$0.00		
TOTAL COST: \$8,664.85				

- **Advance Payment Required:** All patients must pay estimated charges for elective cosmetic procedures, in full, before surgery is scheduled. Estimated charges include applicable professional, facility, and anesthesia fees plus the costs of any implants, pharmaceuticals, and other separately billable items.
- **Additional Fees May Apply:** Additional fees for services such as laboratory, radiology, pharmacy, and performance of additional unforeseen but necessary procedures may apply. Additional fees must be paid within thirty (30) calendar days after receiving a final bill. All patients are required to sign a letter of acknowledgement indicating their acceptance of all financial responsibility associated with elective cosmetic procedures.
- **Prices Subject to Change:** Rates for elective cosmetic procedures are updated periodically by the Assistant Secretary of Defense (Health Affairs). Estimated Charges are based on DoD rates applicable at the time of payment.
- **Global Periods:** Charges for some procedures include a global period during which routine postoperative follow-up visits and treatment (e.g. removal of stitches or sutures, servicing infected wounds, and dressing changes) are covered at no additional charge. Postoperative visits that are unrelated to the original procedure or that occur after the global period has expired may incur additional charges. Global periods are listed on the cost report where applicable.



Cost Report Print

- Cost Report now has a Print button
 - Can still use 'Ctrl P' to print

The screenshot shows a dark blue header bar. On the left is the UBO logo. In the center, the text "Elective Cosmetic Surgery Estimate" is displayed in white. On the right, there is a white rectangular button with the word "Print" in black text.



Internal Detail Report

- A separate CSE detail report for internal use that itemizes the individual price components for each procedure.
- NOT to be distributed to the patient
 - Use 'Ctrl D' or View/Print Cost Report to view internal detail report
 - M

TMA UBO Cosmetic Surgery Estimator Detail Report
(For Office Use Only - Not to be issued to patient)

Name: test
Date of Estimate: 4/30/2013 2:51:47 PM
Procedure Location: Provider's Office
Combined with a Medically Necessary Procedure: Yes

PRIMARY PROCEDURE

11307	Professional Fee: \$111.98
Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, lesion diameter 1.1 to 2.0 cm	Facility Fee: \$0.00
	Medically Necessary Discount: \$0.00
Performed by a Dermatology Resident? Not Answered	Resident Discount: \$0.00
Performed Bilaterally? Not Answered	Bilateral Discount: \$0.00
Quantity/Number of Sessions? 2	Additional Quantity/Session Cost: \$111.98
Anesthesia Selected? Topical	Anesthesia Fee: \$0.00
Pharmaceutical Provided by MTF?	Pharmaceutical Cost: \$0.00, /Unit
	Total Cost (Primary Procedure): \$167.97

ADDITIONAL PROCEDURE

11306	Professional Fee: \$47.66
Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, lesion diameter 0.6 to 1.0 cm	Facility Fee: \$0.00
	Medically Necessary Discount: \$0.00
Performed by a Dermatology Resident? Not Answered	Resident Discount: \$0.00
Performed Bilaterally? Not Answered	Bilateral Discount: \$0.00
Quantity/Number of Sessions? 6	Additional Quantity/Session Cost: \$294.27
Anesthesia Selected? Topical	Anesthesia Fee: \$0.00
Pharmaceutical Provided by MTF?	Pharmaceutical Cost: \$0.00, /Unit
	Total Cost (Procedure): \$285.93

TMA UBO Cosmetic Surgery Estimator Detail Report
(For Office Use Only - Not to be issued to patient)

Name: test
Date of Estimate: 4/30/2013 2:51:47 PM
Procedure Location: Provider's Office
Combined with a Medically Necessary Procedure: Yes

ADDITIONAL PROCEDURE

69090	Professional Fee: \$11.29
Ear piercing	Facility Fee: \$0.00
	Medically Necessary Discount: \$0.00
Performed by a Dermatology Resident? Not Answered	Resident Discount: \$0.00
Performed Bilaterally? Not Answered	Bilateral Discount: \$0.00
Quantity/Number of Sessions? 4	Additional Quantity/Session Cost: \$89.86
Anesthesia Selected? Topical	Anesthesia Fee: \$0.00
Pharmaceutical Provided by MTF?	Pharmaceutical Cost: \$0.00, /Unit
	Total Cost (Procedure): \$45.17

Total Estimate Cost: \$499.07



CSE v9.0

Demonstration:

Practice Scenarios



Practice Scenario #1: Glossary Search Function

- A patient wants to have skin tag removal procedures and you do not have the proper CPT® code

CPT Search

Code	Description	Long Description
Use 11200	Removal of skin tags, multiple fibrocutaneous tags,	The physician removes skin tag lesions. Skin tags are common benign tumors found on many body regions, most frequently around the axillae, inguinal area, head, and neck. The physician
Use 11201	Removal of skin tags, multiple fibrocutaneous tags,	The physician removes skin tag lesions. Skin tags are common benign tumors found on many body regions, most frequently around the axillae, inguinal area, head, and neck. The physician
Use 11400	Excision, benign lesion including margins; trunk, arms or legs;	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-
Use 11401	Excision, benign lesion including margins; trunk, arms or legs;	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-
Use 11402	Excision, benign lesion including margins; trunk, arms or legs;	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-
Use 11403	Excision, benign lesion including margins; trunk, arms or legs;	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-
Use 11404	Excision, benign lesion including margins; trunk, arms or legs;	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-

Your search returned 22 CPT Codes



CSE Demonstration #1: Glossary Search



Practice Scenario #2: Edit Functionality

- A patient is scheduled to have 28 skin tags removed (CPT® 11200 and 11201). As an additional procedure, the patient is having three (3) .3cm trunk lesions removed (CPT® 11300). The procedures will be performed:

1) In Provider's Office setting

Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty
SKIN TAG REMOVAL											
RHYTIDECTOMY											
Removal of skin tags, up to 15 lesions	11200		1	Rhytidectomy; forehead	15824			Intralesional Injection			
Removal of skin tags, ea addl 1-10 lesions	11201 +		2	Rhytidectomy; neck w/P-Flap tightening	15825			Intralesional Injection; 7 or less	11900		
LESION REMOVAL											
Shaving of Epidermal or Dermal Lesions (single lesion)				Rhytidectomy; cheek, chin, & neck	15828			Subcutaneous Injection of Filling Material			
Trunk, arms or legs				Rhytidectomy; SMAS flap	15829			1.0 cc or less	11950		
≤ 0.5 cm lesion diameter	11300			BREAST / CHEST AUGMENTATION				1.1 - 5.0 cc	11951		
0.6 to 1.0 cm lesion diameter	11301			Mastectomy for Gynecomastia	19300			5.1 - 10.0 cc	11952		
1.1 to 2.0 cm lesion diameter	11302			Mastopexy (Breast Lift)	19316			More than 10.0 cc	11954		

- When entering the data in the Estimator, accidentally entered Quantity 4 for procedure 11300 on the additional procedure screen

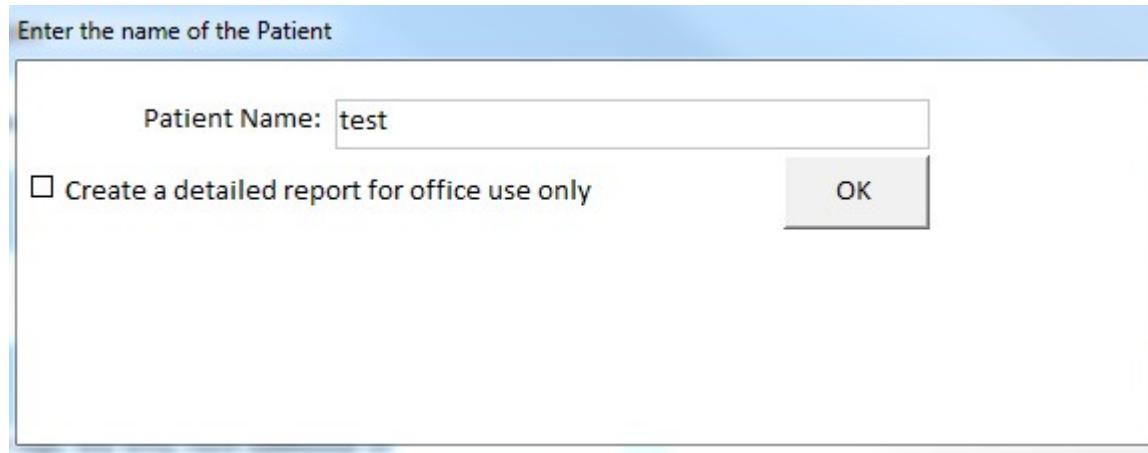


CSE Demonstration #2: Edit Functionality



Practice Scenario #3: Internal Detail Report

- Once the estimate is generated, print a cost estimate and internal detail report





CSE Demonstration #3: Internal Detail Report



User's Guide Reminder

Line 1: Primary Procedure

Code	Description	Professional Fee:
1 Primary CPT®/Procedure:		\$0.00
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof ~	
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less ~	
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm ~	
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm ~	
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm ~	
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter ~	
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter ~	
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter ~	
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter ~	
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; I ~	
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; I ~	
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; I ~	
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; I ~	
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs ~	
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs ~	

Selecting a Primary Procedure

Price estimates for elective cosmetic surgery procedures vary based on the procedure(s) chosen. To begin, select a primary procedure from one of the two drop-down menus available. You can search for a procedure by:

- CPT®/Procedure Code (listed in numerical order), or
- CPT®/Procedure Description (listed in alphabetical order).

NOTE: The professional fee for an elective cosmetic surgery procedure is based on both the procedure chosen and the location of service. Therefore, the professional fee for the primary procedure will only be populated after both the primary procedure (line 1) and procedure location (line 2) are selected.

Selecting a primary procedure is required. You will not be able to view or print a CSE cost report until all required selections have been made. Required selections are marked with a star (*) next to the line number.

Identifying the Primary Procedure

When generating a cost estimate for more than one elective cosmetic procedure performed during the same surgical encounter, the procedure entered in to the CSE first (the primary procedure) is the procedure that has the highest cost rank. Procedures are ranked based on their applicable professional fees from least expensive to most expensive. The higher the cost rank, the higher the professional fee.

Once a CPT®/Procedure code or description is entered on line 1 and a procedure location is selected on line 2, the cost rank for the selected procedure is displayed in a red cost rank box the upper right hand corner of the screen.

Cost Rank

CPT®/Procedure Glossary

To assist with selecting the appropriate CPT®/Procedure code for an elective cosmetic surgery estimate, the CSE contains a glossary of detailed procedure descriptions. The CPT®/Procedure Glossary is accessed by clicking the **CPT®/Procedure Glossary** button located at the top of both the primary procedure screen and the additional procedure screen. Clicking the CPT®/Procedure Glossary button will display a pop up box containing the glossary entry for the procedure entered on line 1. A sample glossary entry for CPT® code 64650 is shown.

- Redesigned for CSE v8.0 to work as a 'Help' function
- Press F1 to open a new window displaying the CSE User's Guide
- Hyperlinks allow users to easily navigate to different sections of the document
- Provides line by line instructions and information
- Incorporates all of the tables from the previous version



Elective Cosmetic Surgery Brochure Reminder



Elective Cosmetic Surgery Patient Information

Elective cosmetic surgery is not a TRICARE covered benefit. However, a limited number of cosmetic surgery cases are permitted in Military Treatment Facilities (MTFs) to support graduate medical education training, skill maintenance, certification, and recertification for qualified specialists.

Eligibility

- Elective cosmetic surgery procedures are restricted to TRICARE-eligible beneficiaries, including TRICARE for Life participants, who will not lose TRICARE eligibility for at least 6 months.
- Active Duty personnel must have written permission from

their unit commander before undergoing an elective cosmetic surgery procedure.

- Elective cosmetic surgery is performed on a "space-available" basis only. Elective cosmetic surgery cases will not be performed if they would cause other medically necessary and/or reconstructive surgery cases to be cancelled or rescheduled.

Payment

- All patients, including active duty personnel, must pay estimated costs (i.e., applicable professional, facility, and anesthesia fees plus the costs of any implants, injectables, and

other separately billable items), in full, for all elective cosmetic procedures before surgery is scheduled.

- Pre-payment is based on estimated fees. Additional fees for services such as laboratory, radiology, pharmacy, and performance of additional unforeseen necessary procedures may apply. Additional fees must be paid within thirty (30) calendar days after receiving a final bill.
- Even if you have other health insurance (OHI), you are responsible for the bill. If applicable, you are responsible for filing a claim with your health insurance company independ-

Standard Process for Elective Cosmetic Surgery

Step 1: Consultation

- Contact an authorized provider and schedule a consultation.
- The provider determines if the procedure is medically necessary or elective cosmetic.
- If the surgery is determined elective cosmetic, the provider will complete and provide you with a Cosmetic Surgery Superbill.

Step 2: Procedure Estimate and Payment

- Present the completed Cosmetic Surgery Superbill to the MSA office.
- You will be provided with a printed estimate of the total cost of the procedure(s).

- If you decide to undergo the procedure(s), you must pay for all services, in full, prior to scheduling the procedure(s).

Step 3: Schedule and Undergo Procedure(s)

- In addition to paying for the procedure(s), you will be required to sign a letter of acknowledgment before the surgery can be scheduled and performed. In the letter of acknowledgment, you will agree to pay for any additional fees for services rendered. Payment for any additional fees must be received no later than thirty (30) calendar days after receipt of the final bill.

- Upon receipt of payment, you will be given a packet containing the estimated elective cosmetic surgery procedure costs,

the invoice and receipt of payment, and the Superbill.

Step 4: Post-Procedure(s)

- You are responsible for any additional fees incurred. The balance must be paid within thirty (30) days of receipt of the final bill.
- If no additional procedures, services, or supplies were performed or used, no additional bill will be generated.

■ Target Audience:

- Patients considering elective cosmetic surgery
- Patients receiving a cosmetic surgery estimate

■ Topics Covered:

- Eligibility
- Payment
- Standard Process:
 - Consultation
 - Estimate & Payment
 - Scheduling
 - Post Procedure



- The CSE v9.0 application and all associated materials will be available for download from the new Cosmetic Surgery Estimator Web site at: <https://www.ubocse.org>
- Files will be password protected for controlled access
- User ID and password will be distributed to UBO Service Program Managers who will disseminate information to MTF staff



Cosmetic Surgery Estimator

User ID:

Password:

[\[Forgot your Password?\]](#)

NOTICE: This is a private Web site. All access is subject to auditing. Anyone accessing this site consents to such auditing. Access and use requires authorization and is limited to purposes of the organization's business. Unauthorized access or attempts to use, alter, destroy, or damage data, programs, or equipment may violate applicable law and could result in criminal prosecution, civil liability, or both.



- Cosmetic Surgery Rates are included in the CY 2013 Outpatient Itemized Billing (OIB) Rate Package which is scheduled to be effective 1 July 2013.

- Items included in CSE v9.0 package:
 - CSE v9.0 Access database
 - CSE v9.0 User's Guide
 - CSE v9.0 Rate Table
 - CSE v9.0 Superbill
 - CSE v9.0 Provider's Guide
 - CSE v9.0 Letter of Acknowledgment
 - CSE v9.0 Glossary
 - CSE v9.0 Patient Guide



Questions & Answers





- Please contact the UBO Helpdesk if you have any questions or concerns at (571) 733-5935 or UBO.helpdesk@altarum.org.



Instructions for CEU Credit

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Instructions for CEU Credit, cont.

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- The American College of Healthcare Executives (ACHE) grants one (1.0) Category II ACHE educational credit hour per one (1.0) hour executive/management-level training course or seminar sponsored by other organizations toward advancement or recertification. Participants may self-report CEUs on their personal page at <http://www.ache.org/APPS/recertification.cfm>.
- The American Association of Healthcare Administrative Managers (AAHAM) grants one (1.0) CEU unit “for each hour in attendance at an educational program or class related to the health care field” for AAHAM-credentialed participants who self-report using AAHAM’s on-line CEU tool. Participants may self-report CEUs during their recertification process at <http://www.aaham.org/Certification/ReCertification/tabcid/76/Default.aspx>.